-		<u>-</u> _											
	PATENT APPLICATION FEE DETERMINATION RECO Efféctive October 1, 2003								107	34	09	6	
	CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH.  (Cotumn 1) (Cotumn 2) TYPE C OR SMALL ENT											]:	
	TOTAL CLAIMS	M2	<b>-</b>				RATÉ	FEE	7	RATE	FEE	1 .	
	FOR	NUMBER FILED		MUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	ŀ	
TOTAL CHARGEABLE CLAIMS			ni ni	minus 20=		.52		X\$ 9=		OR	X\$18=	0136	1
INDEPENDENT CLAIMS			4 m	4 minus 3 =				X43=	1	OR	X86=	21	1.
	MULTIPLE DEPE	NDENT CLAIM P	RESENT		•	0		+145=	<del>                                     </del>	1	+290=	100	1
Ī	If the difference	e in column 1. is	ess than zero, enter "0" in o			column 2	ا. ا	TOTAL	-	OR	TOTAL	igan	<b>.</b> :
	ብ ወ ስ ፍ <b>ዕ</b>	LAIMS AS A	MENDE	MENDED - PART II				i O i A C	<u> </u>	104	OTHER	THAN	1
4	4.000	(Cotumn 1)		(Cotun	nn 2)	(Column 3)	. ,	SMALL	ENTITY	OR	SMALL	ENTITY	1
	4	CLAIMS . REMAINING AFTER		HIGH NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	1
AMENDMENT	¥	AMENDMENT		PAID		20		x 252	FEE	-	X\$10€	FEE	<u>£</u>
	Total	10	Minus	4 (	<del>2</del> _	20			<u> </u>	OR	X\$10€	1900	•
1	FIRST PRESE	NTADEN OF M			CLAIM			KAS=	<b>_</b>	OR	X86≡		
		· · · · · · · · · · · · · · · · · · ·			·			+145=		OR	+290=		
	3-25-0	5			. ·	•	,	TOTAL ODIT, FEE		OR	ADOIT. FEE		•
r	<del></del>	(Column 1) CLAIMS	<del></del>	(Colum		(Column 3)	ı		ADDI	1 1	·	ADDI-	•
5	Ē	REMAINING AFTER	ſ	NUME PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT B	Total	AMENDMENT	Minus	PAID	7)			X\$ 9=	FEE	OR	X\$18=	PEE	
	Independent	.13	Minus .	in 4	<u> </u>	•		X43≈	ļ		X86=		
Ľ	FIRST PRESE	NTATION OF MIL	SETTPLE DEF	ENDENT	CLAIM	<u> </u>	╿┟		<del> </del>	OR			•
	•	•				•	Ĺ	+145=		OR	+290=		
					- 61	(Caluma 2)	A	DOIT. FEE		OR ,	ADDIT. FEE		1
Γ.	1	(Column 1) CLAIMS		(Colum		(Column 3)	r		ADDI-	. 1	·	ADDI-	l
NTO		REMAINING AFTER AMENDMENT	·	PREVIOUS PAID F	USLY	PRESENT EXTRA		RAŢE	TIONAL		RATE	TIONAL	
AMENOMENT			Minus			<b>_</b>		X\$ 94		OR	:X\$18≟ '		
ME	Independent	•	Minus .	. +++ .		•		X43=		OR	X86=		
Ľ	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		ŀŀ	. 145		Ì	.200		
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.   +145= OR +290=  TOTAL OR TOTAL													
٠	* if the "Highest Num **	nber Previously Pai nber Previously Pa	d For IN THIS id For IN THIS	SPACE is I SPACE is	less than less than	20, enter "20." 1 3, enter "3."		OT. FEE			OOIT. FEE L		١.
	The Highest North	ber Previously Paid	For (Total or	Iuqebeüqeu	n) is the	highest number	lonu	a to the abl	stabusts por	n cau	ma I,		

Application or Docket Number